

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 20 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO 2000067771

1. Corporation Name

Perez Construction & Design Inc.

2. Principal Office Address - No P.O. Box #

200 Jim French Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Zip

Country

32327

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-19-02

5. FEI Number

030464634

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Melanie Gerald Perez

Street Address (P.O. Box Number is Not Acceptable)

200 Jim French Rd.

Suite, Apt. #, Etc.

City

Crawfordville FL

State

FL

Zip Code

32327

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]  
REGISTERED AGENT MUST SIGN

Date

11-20-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert Clay Perez	200 Jim French Rd Crawfordville, FL 32327	Crawfordville, FL 32327
VP	Melanie G. Perez	200 Jim French Rd.	Crawfordville, FL 32327

**REINSTATEMENT**

RLH

300162995853  
11/20/09--01005--023 \*\*150.00

10. E-mail Address: PerezConstruction@EmbargoMail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-09

Daytime Phone #